

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: (b) (6) Mitigation and Cleanup	2. Operational Period: Date From: 1-26-2017 Date To: 2-2-2017 Time From: 08:00 Time To: 17:00			
3. Objective(s): <ul style="list-style-type: none"> - Provide safe working environment for all involved persons on scene - Ensure site is secure; gate to property and home are locked/secured - Air monitoring for seven (7) cumulative days at temperatures 50 degrees F or greater with Phosphine gas detection readings less than 0.1 ppm. Final sampling plan utilizes OSHA Method 1003 for Phosphine Gas with a detection level of 10 ppb or 13 µg/m³ or less at agreed upon locations - EPA to coordinate sampling and confirmation of sampling protocol with contractor when cassettes arrive in Amarillo and provide results of the sampling to City of Amarillo (COA) - The Bi-City-County Health Authority will review sampling results in consultation with the Environmental Protection Agency (EPA) and Texas Department of State Health Services (TDSHS) toxicologists to assist in determining whether additional testing is required or other information is required to make determination of rehabilitation - The Bi-City-County Health Authority will review sampling results and in consultation with the home-owner, authorize rehabilitation of the residence as applicable and/or procedures to assist the homeowner with acquiring important family documents and/or personal mementos from the household - The COA Departments of Environmental Health and Building Safety will implement procedures related to rehabilitation of the residence - COA Department of Public Health will implement the occupational health exposure questionnaire developed in collaboration with the TDSHS to meet occupational health and safety regulatory requirements for all on-scene personnel that responded to the property and the residence 				
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> - Scene Safety for personnel working in the affected location - Safety for general public and residence in the immediate area - Containment of product 				
General Situational Awareness <ul style="list-style-type: none"> - Weather will be cool to cold - Moisture causes product release 				
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:				
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents </td> <td style="width: 33%; vertical-align: top;"> Other Attachments: <input checked="" type="checkbox"/> SDS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input checked="" type="checkbox"/> SDS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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7. Prepared by: Name: Theresa West Position/Title: SITL Signature: Theresa West <div style="font-size: small; text-align: right;"> Digitally signed by Theresa West DN: cn=Theresa West, o=City of Amarillo, ou=Incident Commander Reason: I am the Incident Commander and I am responsible for the safety of the incident. </div>				
8. Approved by Incident Commander: Name: _____ Signature: George K Orton III <div style="font-size: small; text-align: right;"> Digitally signed by George K Orton III Date: 2017.01.26 11:00:26 -0600 </div>				
ICS 202	IAP Page _____	Date/Time: 1/18/17 1000		

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8. Approved by Incident Commander: Name: David J. Durst Signature:				
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